



**Nevada Division of Environmental Protection
Chemical Accident Prevention Program
Data Form: Emergency Action Plan**



Facility:	Process(es) Covered:	Date:
------------------	-----------------------------	--------------

Emergency Response Documentation

Note Current Version of the Emergency Action Plan (title, date, revision number):
IF there is a separate Emergency Response Policy, note the title, date, and revision number:

Emergency Response Coordination

Organization	Contact/Organization Name/Address/Phone	Have facility & responder met?	Has OCA been reviewed & does responder concur with plan?	Has facility & responder drilled?
1st Responder				



Organization	Contact/Organization Name/Address/Phone	Have facility & responder met?	Has OCA been reviewed & does responder concur with plan?	Has facility & responder drilled?
HAZMAT Unit				
Medical Facility				
Law Enforcement				
LEPC				



Plant Alarm Systems

Description (Purpose & Type of visual or audible indication)	How is Alarm Activated?	Supervised Circuit?	Type of Power Supply Backup	Testing & Maintenance (of alarm & activation device)

Comments Regarding Plant Alarm Systems:



EAP TRAINING PROGRAM DATA FORM

Position: _____

Training Topic	Duration	Venue (Field, Classroom or Both)	Initial or Refresher	Refresher Frequency	Competency Test Pass/Fail Criteria		
					Written Test	Oral Test	Performance
Emergency Action Plan							
Hazard Communication or HAZCOM							
Medical Training							
Comments Regarding Training Table:							